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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 10/079,054         | 02/18/2002          | Stephen T. Staphanos  | R22.12-0028            |

CONFIRMATION NO. 5125

FORMALITIES LETTER



\*OC000000007761840\*

WESTMAN, CHAMPLIN & KELLY  
SUITE 1600-INTERNATIONAL CENTRE  
900 SECOND AVENUE SOUTH  
MINNEAPOLIS, MN 55402-3319

Date Mailed: 04/02/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$372.
  - \$288 for 16 total claims over 20.
  - \$84 for 1 independent claims over 3 .
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 1242.

*A copy of this notice **MUST** be returned with the reply.*

*J. Robinson*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

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01 FC:101 740.00 US  
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03 FC:103 288.00 US  
04 FC:105 130.00 US



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PATENT # 3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named  
Inventor : Stephen T. Staphanos et al.

Appln. No.: 10/079,054

Filed : February 18, 2002

For : IMPROVED GENERATOR MONITORING,  
CONTROL AND EFFICIENCY

Docket No.: R22.12-0028

Group Art Unit:3744

**RESPONSE TO NOTICE TO FILE MISSING PARTS  
OF APPLICATION - FILING DATE GRANTED  
UNDER 37 C.F.R. §§ 1.53(f) AND 1.16(e)**

**Box Missing Parts**  
Commissioner for Patents  
Washington, D.C. 20231

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WASHINGTON, D.C. 20231, THIS

7<sup>th</sup> DAY OF May, 20 02.  
  
PATENT ATTORNEY

Sir:

In response to the Notice to File Missing Parts of Application - Filing Date Granted dated April 2, 2002, Applicant encloses the following documents to complete the above-identified patent application filed February 18, 2002:

1. Our check in the amount of \$1,242.00.
2. Combined Declaration and Power of Attorney executed by the inventor(s).
3. Fee Calculation Sheet (duplicate).
4. Notice to File Missing Parts of Application-Filing Date Granted.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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First Named

Inventor : Stephen T. Staphanos et al.

Appln. No.: 10/079,054

Filed : February 18, 2002

For : IMPROVED GENERATOR  
MONITORING, CONTROL AND  
EFFICIENCY

Docket No.: R22.12-0028

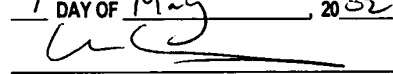
Group Art Unit: 3744

Examiner:

### LETTER TO OFFICIAL DRAFTSPERSON

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WASHINGTON, D.C. 20231, THIS

7<sup>th</sup> DAY OF May, 2002  
  
PATENT ATTORNEY


Sir:

Enclosed are **seven** (7) sheets of formal drawings for  
filing in the above-identified application.


Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By:

  
Christopher R. Christenson, Reg. No. 42,413  
Suite 1600 - International Centre  
900 Second Avenue South  
Minneapolis, Minnesota 55402-3319  
Phone: (612) 334-3222 Fax: (612) 334-3312

CRC:ajm

| FEE TRANSMITTAL   |               | Complete if Known  |  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
|---|---------------|--|--|--|------------|-----------------|-----|-----------------|----------|-----|------|------|------|------|------|------|------|-----|-----|--|-----|-----|-----|-------------------------------------|--|-----|-----|-----|-----|--|-----|-----|-----|-----|---|---|--|-----|---------------|---------|-------|--|----------|--------------|-----------|-----------|-----------|--|------------|---------------|----------|----------|----------|---|-----------|--------------|-----|--------------|-----|--|-----|-----|-------|-----|------|---|------|------|-------|-----|-----|--|---|------------------------|-----|-----|-----|--|-----------------------------------|-----|-----|-----|-----|---------------------------|-----|-----|-----|-----|---|-------------------------|----|-----|-----|---|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|----|-----|----|--|--|
|  <div style="position: absolute; transform: rotate(-45deg); font-weight: bold; font-size: 1.2em;">COPY OF PAPERS<br/>ORIGINALLY FILED</div>  |               | Application No.  | 10/079,054   |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
|   |               | Filing Date  | February 18, 2002  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
|   |               | First Named Inventor   | Stephen T. Staphanos et al.                              |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
|   |               | Title  | IMPROVED GENERATOR MONITORING,<br>CONTROL AND EFFICIENCY |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
|   |               | Group Art Unit   | 3744   |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
|   |               | Examiner Name  |  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Total Amount of Payment \$ 1242   |               | Atty. Docket Number  | R22.12-0028  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| METHOD OF PAYMENT (Check One)   |               | FEE CALCULATION (Continued)  |  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Check Enclosed   |               | <b>3. ADDITIONAL FEES</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td>130</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>280</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>148</td> <td>110</td> <td>248</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,310</td> <td>241</td> <td>670</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,310</td> <td>242</td> <td>670</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>143</td> <td>490</td> <td>243</td> <td>260</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> </tbody> </table> |  | Large Entity   |            | Small Entity    |     | Fee Description | Fee Paid | Fee | Fee  | Fee  | Fee  | Code | (\$) | Code | (\$) |     |     | 105  | 130 | 205 | 65  | Surcharge - Late filing fee or oath | 130  | 127 | 50  | 227 | 25  | Surcharge - Late provisional Filing Fee or cover sheet |     | 139 | 130 | 139 | 130                                       | Non-English specification   |  | 147 | 2,520         | 147     | 2,520 | For Filing a Request for Reexamination. (ex parte) |          | 115          | 110       | 215       | 55        | Extension for reply within first month |            | 116           | 400      | 216      | 200      | Extension for reply within second month |           | 117          | 920 | 217          | 460 | Extension for reply within third month |     | 118 | 1,440 | 218 | 720  | Extension for reply within fourth month |      | 128  | 1,960 | 280 | 980 | Extension for reply within fifth month |   | 120                    | 320 | 220 | 160 | Filing a brief in support of an appeal |                                   | 121 | 280 | 221 | 140 | Request for oral hearing  |     | 148 | 110 | 248 | 55  | Terminal Disclaimer Fee |    | 140 | 110 | 240   | 55 | Petition to Revive - unavoidable |  | 141 | 1,310 | 241 | 670 | Petition to Revive - unintentional |  | 142 | 1,310 | 242 | 670 | Utility/Reissue issue fee (inc. advance copies) |  | 143 | 490 | 243 | 260 | Design issue fee (inc. advance copies) |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  |
| Large Entity  |               | Small Entity   |  | Fee Description  | Fee Paid   |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Fee   | Fee           | Fee  | Fee  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Code  | (\$)          | Code   | (\$)   |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 105   | 130           | 205  | 65   | Surcharge - Late filing fee or oath  | 130        |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 127   | 50            | 227  | 25   | Surcharge - Late provisional Filing Fee or cover sheet                     |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 139   | 130           | 139  | 130  | Non-English specification  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 147   | 2,520         | 147  | 2,520  | For Filing a Request for Reexamination. (ex parte)                         |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 115   | 110           | 215  | 55   | Extension for reply within first month                                     |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 116   | 400           | 216  | 200  | Extension for reply within second month                                    |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 117   | 920           | 217  | 460  | Extension for reply within third month                                     |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 118   | 1,440         | 218  | 720  | Extension for reply within fourth month                                    |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 128   | 1,960         | 280  | 980  | Extension for reply within fifth month                                     |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 120   | 320           | 220  | 160  | Filing a brief in support of an appeal                                     |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 121   | 280           | 221  | 140  | Request for oral hearing   |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 148   | 110           | 248  | 55   | Terminal Disclaimer Fee  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 140   | 110           | 240  | 55   | Petition to Revive - unavoidable   |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 141   | 1,310         | 241  | 670  | Petition to Revive - unintentional   |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 142   | 1,310         | 242  | 670  | Utility/Reissue issue fee (inc. advance copies)                            |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 143   | 490           | 243  | 260  | Design issue fee (inc. advance copies)                                     |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 122   | 130           | 122  | 130  | Petitions to the Commissioner  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 123   | 50            | 123  | 50   | Petitions related to provisional applications                              |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 126   | 180           | 126  | 180  | Submission of Information Disclosure Statement                             |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 581   | 40            | 581  | 40   | Recording each patent assignment per property (times number of properties) |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| <b>1. BASIC FILING FEE</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;"><b>Subtotal (1) \$ 740</b></p> |               | Large Entity   |  | Small Entity   |            | Fee Description | Fee | Fee             | Fee      | Fee | Code | (\$) | Code | (\$) |      | 101  | 740  | 201 | 370 | <input checked="" type="checkbox"/> Utility Filing Fee | 106 | 330 | 206 | 165                                 | <input type="checkbox"/> Design Filing Fee | 108 | 740 | 208 | 370 | <input type="checkbox"/> Reissue Filing Fee            | 114 | 160 | 214 | 80  | <input type="checkbox"/> Prov. Filing Fee | <b>2. EXTRA CLAIM FEES</b><br><br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><b>Total</b></td> <td><b>36</b></td> <td><b>20</b></td> <td><b>16</b></td> <td><b>18</b></td> <td><b>288</b></td> </tr> <tr> <td><b>Indep.</b></td> <td><b>4</b></td> <td><b>3</b></td> <td><b>1</b></td> <td><b>84</b></td> <td><b>84</b></td> </tr> </tbody> </table> <p>Multiple Dependent Claims</p> <p>** Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;"><b>Subtotal (2) \$ 372</b></p> |  |     | Number Claims | Prior** | Extra | Fee from Below                                     | Fee Paid | <b>Total</b> | <b>36</b> | <b>20</b> | <b>16</b> | <b>18</b>                              | <b>288</b> | <b>Indep.</b> | <b>4</b> | <b>3</b> | <b>1</b> | <b>84</b>                               | <b>84</b> | Large Entity |     | Small Entity |     | Description                            | Fee | Fee | Fee   | Fee | Code | (\$)                                    | Code | (\$) |       | 103 | 18  | 203                                    | 9 | Claims in excess of 20 | 102 | 84  | 202 | 42                                     | Independent claims in excess of 3 | 104 | 280 | 204 | 140 | Multiple Dependent Claims | 109 | 84  | 209 | 42  | Reissue Independent Claims over Original Patent | 110                     | 18 | 210 | 9   | Reissue claims in excess of 20 and over original patent |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Large Entity  |               | Small Entity   |  | Fee Description  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Fee   | Fee           | Fee  | Fee  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Code  | (\$)          | Code   | (\$)   |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 101   | 740           | 201  | 370  | <input checked="" type="checkbox"/> Utility Filing Fee                     |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 106   | 330           | 206  | 165  | <input type="checkbox"/> Design Filing Fee                                 |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 108   | 740           | 208  | 370  | <input type="checkbox"/> Reissue Filing Fee                                |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 114   | 160           | 214  | 80   | <input type="checkbox"/> Prov. Filing Fee                                  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
|   | Number Claims | Prior**  | Extra  | Fee from Below   | Fee Paid   |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| <b>Total</b>  | <b>36</b>     | <b>20</b>  | <b>16</b>  | <b>18</b>  | <b>288</b> |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| <b>Indep.</b>   | <b>4</b>      | <b>3</b>   | <b>1</b>   | <b>84</b>  | <b>84</b>  |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Large Entity  |               | Small Entity   |  | Description  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Fee   | Fee           | Fee  | Fee  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| Code  | (\$)          | Code   | (\$)   |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 103   | 18            | 203  | 9  | Claims in excess of 20   |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 102   | 84            | 202  | 42   | Independent claims in excess of 3  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 104   | 280           | 204  | 140  | Multiple Dependent Claims  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 109   | 84            | 209  | 42   | Reissue Independent Claims over Original Patent                            |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
| 110   | 18            | 210  | 9  | Reissue claims in excess of 20 and over original patent                    |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |
|   |               | <b>Other Fee (specify) _____</b><br><br><p style="text-align: right;"><b>Subtotal (3) \$130</b></p>  |  |  |            |                 |     |                 |          |     |      |      |      |      |      |      |      |     |     |  |     |     |     |                                     |  |     |     |     |     |  |     |     |     |     |   |   |  |     |               |         |       |  |          |              |           |           |           |  |            |               |          |          |          |   |           |              |     |              |     |  |     |     |       |     |      |   |      |      |       |     |     |  |   |                        |     |     |     |  |                                   |     |     |     |     |                           |     |     |     |     |   |                         |    |     |     |   |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |  |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |  |  |     |    |     |    |  |  |

Signature Christ pher R. Christenson

Reg. No. 42,413

Date 5-7-02

Deposit Account No. 23-1123